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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EB Initials	GERMANY	14	18	9

ADDRESS

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TITLE

Blood sugar level measuring apparatus

FILING FEE RECEIVED 1416	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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